HEALTH

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A JOURNAL DEVOTED TO HEALTHFUL LIVING

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HEALTH

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HEALTH AND CARE OF TEETH

"We require an army of dental surgeons, dental hygienists and dental mechanics for establishing a well organised dental service in the country" said the Madras State Health Minister Sri. A. B. Shetty on the 4th October 1952 at the inaugural meeting of the Madras State Dental Council. Collective efforts by the profession were needed to promote amongst the people a better understanding of the value of dental health. The health and preservation of teeth are of vital and paramount importance on grounds of utility, general health and beauty. This is a fact well known to medical science and the Health Minister was preaching this gospel to the dentists in conference assembled and was also perhaps making use of the occasion to convey the useful message to a larger public. In his address he also spoke about the teaching of oral hygiene in schools, and the necessity for educating the general public also in the matter of their dental health. The creation of a suitable and adequate body of qualified men who will create a health-sensitiveness and also a clean-teeth-consciousness in the people, is indeed a pressing need. It is disconcerting to think that after the passing of the Dental Act, four years ago, there are in this Madras State hardly twenty fully qualified dentists and about twenty times that number, who have been practising and have the right to be registered, or have the right to qualify themselves to practise by taking a further short course of training. The state of affairs in the other States of India, is perhaps no better and may if anything, be much worse. How then can such small numbers of dental surgeons be expected to treat more than a very small percentage

of the people who require dental attention amongst the 380 million people in India? It was indeed welcome news that the State Health Minister gave when he said the Madras Government hoped to start next year the long-in-coming dental college. "A building is being got ready and equipment has been ordered. Encouragement and help to the Government has been given by the members of the State Dental Association" said he. In 1948 when the Dental Act was passed, the Madras Government evinced great enthusiasm and provided a sum of 3·5 lakhs for the establishment of a dental college to give instruction to train and qualify dental surgeons. It was even claimed at that time, that Madras would lead the whole of India, in this matter also, as it had done in many other things, and that a first rate Dental College on most up-to-date lines would be the outcome of the Madras Government's upsurge of enthusiasm. Nearly 4 years have elapsed, and in October 1952, we are again told that 1953 would see the coming into being of this long looked-for institution! Financial stringency, is again the main reason put forward by the Government, as standing in the way of their going ahead with the scheme as fast as they wished. "Procrastination is the thief of time"; so the old adage goes; and the thief has been busily at work in this direction too. India cannot boast of many dental colleges to which, in the absence of facilities at Madras, those who wish to learn and practise dentistry may go and get trained.

Unless the Madras Government acts more expeditiously, there is the danger of the large number of men who are now attending to the dental needs of many people being debarred from plying their trade under the terms of the Madras Dental Act of 1948; for these are expected to get the requisite training before a specified time, if they wish to be registered as dentists qualified to practise.

We earnestly hope and wish that the Minister for Health will promptly implement the assurance he gave the Dental Council on the 3rd October 1952, that the Government will do everything possible for the development of dentistry in the State, and that the proposed Dental College will become a *fait accompli* atleast next year.

Lt. Col. C. K. LAKSHMANAN, President of the Dental Council, speaking on the occasion, said that the lack of attention to dental ailments in the rural areas was greatly to be regretted and that it should not be difficult for the Central and State Governments to provide mobile dental service in rural areas. We quite welcome this statement of Lt. Col. LAKSHMANAN and trust that while giving effect to the mobile-dispensary-scheme planned by the State for affording medical relief to the villages, a dental unit would also be attached to every mobile dispensary.

A man must first make a name; then he will have no lack of memoirs.

—Plato.

The Value of Adequate and Proper Diet in Tuberculosis of the Lungs

3 0 MAY .9
MADRAS

Dr. JOHN G. DAVID, Medical Superintendent,
The David Memorial Tuberculosis Hospital,
Mehmadabad, Kaira Dist., Gujarat.

ADEQUATE and proper food is yet another important item in the treatment of tuberculosis of the lungs, popularly called 'Consumption'. A nutritious diet helps to maintain our vitality which is essential to fight tuberculosis and other infective diseases.

Composition of our diet.—A complete balanced diet should consist of the following:—(1) Proteins; (2) Carbohydrates; (3) Fats; (4) Minerals; (5) Vitamins; and (6) Water.

1. Proteins.—Furnish about a sixth of the body-heat; they are tissue-forming substances, (build new tissues, and repair old exhausted tissues). People suffering from tuberculosis require large amounts of protein; for the tissues waste away to a large extent in this disease and so the patient should take enough food containing proteins, to make good this loss. Proteins contain about fifty amino-acids, but only ten of these are very essential for tissue-building. Any deficiency in even one of them may cause a general breakdown of the body tissues.

Proteins are found most abundantly in meat, fish, eggs, cheese and milk, and to a less extent also in vegetables. Groundnuts contain good quality proteins which are very useful for body-building.

2. Carbohydrates.—Furnish about a half of the body-heat. The best carbohydrates for the patient are found in cereals like rice, wheat, oatmeal, maize, jowar, potatoes, bread, fruits and vegetables. Sugar is a carbohydrate and should be used sparingly as an excess will cause flatulence and fermentation in the bowels.

3. Fat.—Furnishes a third of the body-heat. Butter is the best fat known. Large quantities of it (4 to 6 ounces a day) may be taken with bread or other food. Vegetable oils also contain plenty of fat, which is however, inferior to butter in quality.

4. Mineral salts.—Calcium and phosphorus are needed for cell-stabilisation. Iron is essential for the red blood cells. Iodine is necessary for various metabolic processes. Sodium and potassium are also other essential minerals, required by the human system.

Calcium is present in milk, cheese, cream, eggs, cauliflower, peas and to a lesser extent in cabbage and carrots.

Phosphorus is found in lentils, dried peas, ladies' fingers, (okra)

navy beans, white bread and to a less extent in white potatoes, onions spinach and cream.

Iron is found in liver, lean beef, oysters, spinach and other green leafy vegetables, yeast, white potatoes etc. Milk is relatively poor in iron.

5. Vitamins.—Vitamins are accessory food factors, indispensable for the maintenance of perfect health; They may often be lacking or absent in the food we eat. A deficiency of one or more of them will cause ill-health.

Vitamin A (Fat soluble) is the growth-promoting-vitamin. It is synthesised by the liver from carotenes which are present in vegetables and green leaves such as carrots and spinach and in fruits like mangoes etc; and also in red palm oil. The pure vitamin is extracted in crystalline form from fresh oils from the cod, shark and halibut fishes. An adult requires a daily intake of about 4,000–8,000 units of this vitamin.

Vitamin B complex (Water-soluble):—Contains a large number of accessory food factors, all of which are necessary for the well-being, growth and maintenance of health by the human system.

Vitamin C (Water soluble):—It is present in fresh fruits, green leafy vegetables, etc. It is easily destroyed by heat and also in storage. An adult requires about 70 to 80 mg. of this vitamin per day. Amlak (Indian gooseberry or Nellikkai) is very rich in this vitamin and one fruit per day will supply the daily needs of an adult.

Vitamin D (Fat soluble):—It is present in fresh liver oils, eggs milk etc. and is necessary to ensure calcium metabolism and to promote growth. Sunlight is a potent source of this vitamin. Rubbing the body with oil and exposing it to the sun or diffuse sunlight, helps the system to absorb appreciable quantities of this vitamin from sunlight. The South Indian habit of weekly oil baths is thus a salutary procedure. Col. Mac Carrison, an eminent authority on dietetics, has written in praise of this South Indian habit and advocated it for all people in his classical popular book "Food".

Vitamin E is believed to influence reproduction; it is contained in wheat-germ-oil, maize, sprouted green or other grams and in green vegetables. The frequent use of sprouted-pulses, particularly by *enceinte* women helps in the normal progress of pregnancy and subsequent safe delivery...Sprouted grains alone are used in malted foods (Horlicks etc.). It would be economical to use fresh sprouted pulses and fresh milk to obtain the same and even better results.

Vitamin K is present in green vegetables, *e.g.*, spinach, alfalfa and germinating oats and is also synthesized in the human intestine by the bacterial life normally present therein. It is helpful in keeping our blood supply in order and is believed to arrest any tendency to hæmorrhages.

Numerous other subsidiary components of these complex substances—vitamins—have and are being isolated and studied to assess the extent of their usefulness to the human system.

6. Water is very essential for the growth and well-being of the body

tissues and must be taken in adequate quantities. Tuberculosis patients should always use boiled water for drinking; this will prevent many infectious diseases of the digestive system. Water is very essential for flushing out the kidneys, and for eliminating waste products through the skin and the kidneys.

General considerations.—Tuberculosis patients as a rule complain of indigestion and loss of appetite. The best way to overcome these is to prepare food which is appealing to their senses of smell and taste. A routine diet of the same kind of food everyday becomes monotonous; so a periodical change in the routine makes it more palatable and inviting to the appetite. Rich foods are neither necessary nor helpful to tuberculosis patients particularly. A simple nutritious diet is what is needed and more than that, the food should be prepared in a scrupulously clean manner, and served by clean people, with clean hands, in clean plates and cups and without being spilled. The neatness and attractiveness of the service make for a happy response particularly in the tuberculous patient, and every little item that conduces to this end should not be overlooked or omitted; for tuberculous patients are generally extra-sensitive and resent indifferent serving and reject badly made foods. Too highly spiced foods should be strictly avoided and the proportions of salt pepper etc., in dishes should be balanced properly in order to make the food attractive, healthful, tasteful and appetising to the patient.

The patient's mind and attention may profitably be diverted from getting critical over the food served, by pleasant conversation, story-telling, or newspaper reading. He should have small helpings at a time and not all his requirements at one serving on the same plate. The serving should be so neatly and cleverly managed that he should be encouraged to ask for more. Those around the patient must maintain a cheerful and sympathetic attitude towards the patient even when he is eating.

The usual question often asked everyday is about the special food that a tuberculous patient may take. The answer obviously will be that he can take any nutritious, well-prepared and easily digestible food of good quality which he can afford to get. From my experience, I have found that the best advice to give the average tuberculosis patient, is to let him take his normal routine diet, to which he is accustomed at home and which he relishes best and to supplement it with fresh fruits and butter. Patients, who follow his advice have been doing well and show adequate and satisfactory progress and increase in weight. The patients, and more than the patients, their relatives should be weaned from irrational superstitious fears and beliefs, such for example as :—"limes and oranges cause cold and catarrh and promote cough and phlegm, that some vegetables produce gas and joint-pains etc." They must have implicit faith in the maxim. "All fruits and vegetables are good to the human system". Some patients have a mania for tonics and for synthetic vitamin tablets, in

preference to nature's excellent food products, the food values of which cannot be improved upon by mortal man. This is indeed a morbid fancy and should be deprecated.

Patients with gastric upsets of course, require special dieting of a fluid or semi-solid nature as advised by the doctor, and until they have shed their gastric troubles. The common belief that the addition of chillies and pepper, mustard and tamarind to the food and the use of oils in preparing foods, increase cough in tubercular patients, are only figments of the imagination and are without any scientific or rational basis. Used in moderation, all of them are necessary and helpful.

Those who prepare the food intended for the tubercular patient should remember that they are preparing meals for a person who is not in his normal health and whose appetite is poor and fitful or deranged and capricious and that they should therefore, be sympathetic and responsive to the patient's reactions and criticisms of the food served to him. Scrupulous cleanliness should be maintained as already stated, in making and serving the food. Spoons and ladles should be used and no food should be handled while serving; and if food *must* at all be handled in serving, the server's hands must be well washed and cleaned before serving. Dirty and unclean towels or napkins should not be used for wiping the hands, the plates or the utensils.

People suffering from and those who have recently recovered from dysentery, or other bowel-diseases should not be allowed to prepare or serve food to the patients. Regular hours should be maintained in the matter of eating. The preparations should be varied as often as the patients' interests and tastes demand and no dish which disagrees with the patient should be forced on him. If a necessary and healthful food item is either not liked by the patient or if it is found to disagree with him, *e.g.*, milk, it should still be given to him, by adding coffee, ovaltine, or cocoa to it, for in many cases patients take to milk readily and easily when thus masked.

JAI HIND.

Health Education

In an editorial note a topical controversial point is under comment. Attention is drawn to the closing of the Education Section of the Ministry of Food as an economy measure, which is described as "perhaps the unkindest cut of which we are aware," amongst all the departments concerned with enlightenment.

To those concerned primarily with preventive medicine the valuable role which the Education Section of the Ministry of Food has played in improving the dietary of the nation is appreciated, and the loss of these services in the future is all the more deplored, for, as the comment points out:—

"Health education is considered an integral part of any programme of preventive medicine........ Though the health problems of primitive and of advanced societies are different, no society is so advanced that it can long prefer the expense of physic to the economy of prophylaxis."—(*Med. Press*, 11-6-1952).

The Red Crystals That Conquered Pernicious Anaemia

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How Vitamin B_{12} Was Discovered

ONE afternoon in May four years ago a cluster of needle-shaped, ruby-coloured crystals lay under a Middlesex biochemist's microscope and ended one of the most intensive scientific investigations ever carried out in British laboratories. For the crystals were those of vitamin B_{12}, mysterious "x" in the pernicious-anæmia story and the subject of a challenge that for a quarter-of-a-century had baffled biochemists all over the world.

In 1926, two Americans, Minot and Murphy—later to be honoured as Nobel Prize-winners–discovered that if a patient ate half-a-pound of raw or lightly cooked liver every day, his symptoms cleared up with no recurrence. A new era was thus opened for those for whom previously there had been no hope: *liver became to the pernicious-anaemia patient what insulin is to the diabetic.* To obviate the necessity of eating half-a-pound of raw liver—a very unpleasant daily rite, pharmaceutical manufacturers were soon able to produce liver-extracts, at first crude and suitable only for taking by mouth, but later highly purified and permitting of injection and less frequent administration.

At this point the research chemists—now possessing the liver extract which they knew contained the all-important, but still unknown factor—directed their energies to its isolation and to the attainment of a pure substance.

Dr. E. Lester Smith, the British biochemist, and his Greenford team, who eventually isolated *Vitamin B_{12}* in 1946, noted that when the samples of liver extract were poured into a special apparatus, the mixtures divided into coloured horizontal bands of pink, brown and yellow. It was soon to be discovered as the whole complex absorbing story was revealed, that the pink-colouring was of the highest importance, and this was confirmed by means of tests

ROBERT GOODALL

carried out on patients lying seriously ill with pernicious anæmia. British scientists were absolutely dependent on the results of the clinical trials, and so only spasmodic results could be expected. Faced with the same problem, a research team in the U.S.A. introduced, in the later stages of the investigation, a new laboratory technique which made the hospital tests unnecessary. Equipped with this latest aid—the Americans were able to launch a programme of full-scale laboratory trials.

Meanwhile, using new processes, the Greenford research team increased the intensity of purification until they had a deep red band with eight times the colouring of those produced previously.

The team had already proved that the red colouring and the clinical activity were inseparable, and all that remained was further purification until the crystals emerged as the long-sought factor. Tons of liver were being processed to obtain, per ton, only 1/1500 to 1/3000 oz. of the red crystalline substance.

On May 28, 1948, Dr. Lester Smith, research scientist on the staff of Glaxo Laboratories Ltd., came to the end of one of the most elusive and frustrating pin-head searches known to contemporary science. The red substance, whittled down from tons of liver, had finally crystallised and the ruby crystals lay under the microscope. It was the end of a 25 years' quest.

The anti-pernicious-anæmia factor—later to be known as vitamin B_{12}—is the most potent of any of the vitamins or hormones known to man. In liver it is found in only one part in 1,000,000. For the human being a dose of such breath-taking minuteness as 1/20,000,000 oz. is enough. If given in the same concentration as an ordinary 5-grain aspirin tablet, there would be sufficient for a thousand years!

From across the Atlantic an American team—Rickes, Brink, Koniuszy and Wood—announced that they, too, had isolated the vitamin. Remarkably, the two announcements came within a few days of each other. There was still much to be done. Large-scale production seemed almost out of the question and in view of the huge quantities of liver involved, and the only hope seemed to lie in synthetic preparation.

An interesting finding was the connection established between vitamin B_{12} and the "animal protein factor", a diet supplement essential to the growth of some animals. It seems this factor is identical with vitamin B_{12}, and it was also established that the "animal protein factor" is synthesised by bacteria in the intestinal tract. This led to the discovery by U.S. research workers that the vitamin was produced by some strains of streptomycin.

This was an entirely new and unexpected source of vitamin B_{12} which offered great commercial possibilities, and in Britain, Glaxo Laboratories Ltd, one of the largest antibiotics producers in the Commonwealth, immediately took steps to harness their northern factories to production. Soon *Cytamen*—crystalline vitamin B_{12} in solution—was flowing out to the medical profession in Britain and overseas.

Further progress in the knowledge and application of the vitamin has been made since 1948. One of the latest developments has been the introduction of Cytacon (vitamin B_{12} tablets), intended primarily for undernourished children who fail to maintain normal development. There is now a realisation that in addition to being active against pernicious anæmia, vitamin B_{12} has a wide overall significance in nutrition.

Twenty-five years back, pernicious anæmia was still casting its dread shadow over mankind. Today the vitamin is no longer a mystery, and new researches are being carried out which are leading to even greater knowledge of the disease itself.—*(B. I. S. Bulletin,* 15-7-1952).

EVERY CHILD HAS A GIFT

HUGHES MEARNS

(It is a Wise Parent Who Knows How to Encourage A Child's Hidden Talent)

THOUGH few children are geniuses, all children possess gifts which may become their special distinction. A thousand talents await recognition! In the able ones who decline to push into first place; in the slow worker who eventually does a superior job; in those with special interests beyond school demands, like entomology or stamp collecting; in those with a *flair* for decoration or design; in the natural housekeeper. The young inventor may be so absorbed in his work that he neglects important studies; the skilful user of tools may need adult appreciation to protect him from the snobbishness of the book learners, including teachers. Some one should stand by in the early years to watch for and foster these natural endowments. It is not enough to discern a native gift; it must be enticed out repeatedly. Above all it must be protected against the annihilating effect of social condemnation. The fair minded boy may be called "softie" by his fellows; the polite girl may be accused of posing for adult favours. The budding scholar may be discouraged by the epithet "bookworm" and the young humourist may be suppressed as a trouble-maker. All too often adults encourage only a limited range of traits, those commonly believed to be essential for success, to the detriment of the entire vast range of gifts possessed by children.

Often it is the seemingly unimportant gift that is most useful in life. The ability to communicate confidence may at times serve a doctor better than his medical skill; a passionate love of justice, discouraged as forwardness in a child, may one day contribute more to a lawyer's success than the ability to prepare a brief. A ten-year-old boy who was uncommunicative was labelled 'stupid' by his teacher. He was watched in a ball-game where his vocabulary was profuse, strident and authoritative. He kept his team together and won the game by continuous invective from his position. Here was a naturally fluent lad who had been driven into silence by unsympathetic correction. Approval is a powerful stimulant to the forces of self-education.

But how can parents go about discovering unsuspected gifts in their children? By cool observation. Stop trying to make children what they eventually ought to be and take up the practical business of seeing what they really are now. Set aside the reproving eye and the authoritative command and substitute impersonal observation as if these were some other person's children.

The best time for watching children is when they are off guard:

on picnics, at games, during visits to places of public interest, at young people's parties, in the informal hours of home life. Here, the often overlooked gifts are exposed: unselfishness, grit to contest against odds, natural leadership, care for the younger and the weak, cheerfulness, an interest in planning. Parents should be as interested in their children becoming members of the scouts and such other organizations as in their getting high marks in school. The important thing is to expose children to a multiplicity of activities and interests, so that their inherent gifts will have as many chances as possible to show themselves up to advantage.

The best time for achieving communication in the home will vary with the children. If breakfast or dinner hour is a relaxed period and if at that time children's views, wishes and hopes are really given consideration, superior qualities in thinking and feeling may be revealed. Many mothers have found that a propitious hour for confidences is just before bed time. Children become more expansive then and are often more willing to share the hopes and the imaginative fancies that spring from their secret hearts. The wise parent will see that the raw materials are at hand; parents who take a childish interest to heart will go out of their way to help in a quest by the children. It may be for stones, or for snakes or for words; it may involve a house-wrecking search for some tests in chemistry. Whatever it is, let it develop. Children think about the world and come to worthy conclusions—their own; they think about themselves and those around them and come to worthy conclusions—their own. The parent who values these judgements as stepping stones to higher judgements will have the enjoyment of seeing unsuspected gifts appear and grow. It is hard to learn to listen, even to one's own children, but the fascination of the game is worth every effort.—*Reader's Digest*, Aug. '52.

When You Visit the Sick, Remember that:—

Callers on patients in hospitals think that they are doing a kindness to their sick friends and relatives by visiting them frequently. Often the effect is exactly the opposite. Dr. Theodore Van Dellen of the Northwestern University writing in the *Chicago Tribune* offers very pertinent advice to such callers on the sick patients. Occupants of hospital beds are not so lonesome as one might imagine. They have various attentions from the nurses, may hear the radio, see television, read news papers and magazines, and also watch the many activities that are taking place around them. Unless visits are brief, they are liable to tire an invalid and tax his endurance. A loud talking visitor is really an abomination to all within hearing. Just as bad or even worse is the (ill-advised but may be well-meaning) friend, who starts talking about his own operations, or sicknesses or chooses some other gloomy episodes. There are several valid reasons why children should not be brought with their elders. Callers, when they turn up in flocks, become the limit of tolerance not only to the particular patient, but to all the patients nearby.—(*Good Health*, 86, 11, 1951).

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BLUFF KING HAL

"A Difficult Patient"

It is a fairly well established political axiom that whenever the system of government in a country suffers a violent change the successors—or usurpers as the case may be,—lose no opportunity of vilifying their precursors. The more widely and acutely the two regimes may differ, the more copious and complete is that vilification. We can see that process admirably exemplified in our own time, where Communist Russia has spread a fantastic myth not only about Czarist Russia but about the government of several other parts of the world with which it disagrees; and as seemingly there is no other government which meets with its approval we are all bumped in the same category, which perhaps is most easily and succintly described as "Fascist beasts." Henry VIII, as a Tudor has little good to say of the House of York, and when he had begun to lay hands on the monasteries, he had very little good to say about the monastic system. When he quarrelled with the Pope the same process was applied to Rome. Once made, the circumstances of the quarrel were unfortunate, and so much bitterness was engendered that some of it has persisted even to the present day. The wheel has come, however, fairly full circle and now it is Henry himself who occupies the pillory before history.

Much of the wholesale condemnation to which he has been subjected is, as his biographer Sir Arthur MacNally, a former Chief Medical Officer to the British Ministry of Health, points out, unwarranted and unjustified. Henry was a man who had a considerable liking for his own way, and was far from scrupulous in making sure that he got it. Provided that it were granted him he could be humane and enlightened, and indeed in many ways he was a patriotic and farsighted king. He encouraged learning and science, built up the Royal Navy, reorganised the country's defences and made the name of England respected throughout Europe, a process which was consolidated by his famous daughter Elizabeth. Unfortunately, history remembers him best not only as the man who despoiled the monasteries, putting nothing in their stead, but also as the man who cut off the heads of so many of his wives. That after all, is an incontrovertible fact of history and it is the one that posterity, having found it impossible to swallow, has turned into a joke, which proves a perennial winner in the music-halls.

Some thirty odd years ago, an Australian doctor, published a convincing and trenchant exposition of the view that Bluff King Hal, had syphilis. Did Henry VIII have syphilis or not? He had a notorious "sorre leg" which has often been considered to be a broken-down syphilitic gumma—a lesion, incidentally, which very few of the younger practitioners of today will ever come across. On the other hand, as was the opinion

of that eminent surgeon, Sir D' Arcy Power, it may well have been of varicose origin. Again there is the point, that in the Bill of Attainder against Wolsey, that contentious cardinal, "knowing himself to have the foul and contagious disease of the great pox, came daily to your grace blowing upon your most noble grace (the king) with his perilous and infective breath, to the marvellous danger of your highness if God had not, in His infinite goodness, provided better for your highness."—(Henry VIII, "*A Difficult Patient,*" by Sir Arthur MacNally, *Med. Press*, 10-9-1952).

Slimming Based on Common Sense

Fat people have a thin time; they are loved and laughed at by every body. That they are happy, good tempered and generous is proverbial. We like fat friends, partly because they are jolly, partly, it must be confessed, because we feel slim and handsome beside them. We love them, we would follow them in most things but not in this. Putting on weight is a trial to men, a tragedy to women.

Knowing their sensitiveness we refer indirectly and tactfully to the physical, superfluities of the plump. Dress designers never speak of fashions for the fat but rather announce "outsize models", "modes for the mature figure", or "styles adapted to the dignified contour." But we expect them to be contented with their lot, and reserve our fun for the frantic efforts of those who, like Gilbert's discontented sugar broker, struggle against fate.

His bulk increased—no matter that
He tried the more to toss it—
He never spoke of it as fat
But "adipose deposit"
Upon my word, it seems to me
Unpardonable vanity
(and worse than that)
To call your fat
An adipose deposit".

Now this is to be altered. Two ladies, chosen for their comeliness as well as for their girth, are to slim in public for the benefit of television audiences. A welcome feature of this demonstration is that the regime on which they are slimming is based on common sense; on the simple equation, indignantly rejected by most of the podgy, that corpulence is the result of an excess of intake over expenditure and that slimness can safely be regained only by reducing intake, increasing expenditure, or both, and on the recognition that proteins are the foodstuffs that need not be reduced.—(*The Practitioner*, April 1951).

The health of a community, we have discovered, thanks to science, has more to do with the general prosperity and welfare of a State than its wealth or its learning or culture.—(*Judge Benjamin N. Cardozo*).

How to Promote Family Welfare

Rao Saheb T. N. S. RAGHAVACHARI,

Retired Public Health Bacteriologist,

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THE Home Science Association of India was formed on the 25th September 1952, as a result of a three-day Conference of the votaries of Home Science from all parts of India. Great emphasis was laid on what is called "Extension Work" by Miss Moline of the Ford Foundation of America. Extension work really means education out of school or college. Classes in child-care, nutrition, preparation of suitable dishes, domestic economy, kitchen gardening etc. all come under the purview of this work. "The challenge in India today," said Miss Moline, "is to raise the standard of living and home economics has to play an important role in this connection". The conference, after adopting the constitution of the Association, decided to affiliate it to the International Federation of Home Economics. A number of resolutions was also passed for implementing the aims and objects of the Association; the chief among them related to the starting of post-graduate courses in home science, of home science clubs and of summer and refresher courses in Home Science. The conference also emphasised the need for including Home Science in the curriculum of studies in secondary schools. Shri Dr. A. Lakshmanaswami Mudaliar, Vice-Chancellor of the Madras University bestowed his blessings on the Conference and stressed the need for imparting instruction to our young women in domestic management, and Home Science, in order to make their general educational attainments and other accomplishments perfect and helpful in the daily discharge of the onerous duties which would naturally devolve on them, later on, as wives and mothers.

"Madras had been for some time past a pioneer in Home Science" said he, "A Home Science course was started by the University of Madras in 1940 and since then Madras had the privilege of holding classes not only for the Degree Course but also for the Intermediate Course". The learned Vice-Chancellor, who is also one of our top-ranking authorities on maternity and child welfare, was emphatically of the opinion that this special course was essential for a large majority of women to know about the care of the child; this training in Home Science must help young girls to become good wives and successful mothers and he hoped that the Conference would take note of this need. Our worthy and popular Chief Minister Sri C. Rajagopalachariar, who was requested by the Vice-Chancellor to say a few words, spoke freely and frankly and uttered some home-truths. He did not hesitate to say what Home Science should strive to inculcate in the minds of the young girls and young women of our land *viz.*, that Home Science is the science of family happiness; that it is not a preparation for any

profession or trade, but a preparation for marriage, motherhood and family life.

While he appreciated the idea underlying the convening of All India Conferences for a variety of objects he could not help feeling that there should be a clearer understanding of the position as applicable to the infinite variety of homes, of customs and manners prevailing in this sub-continent of India.

His words of mature wisdom, born of considerable experience, and deep thinking, deserve to be brought forcibly before readers of 'HEALTH' and are therefore, reproduced below at some length. It is not possible to improve on them ; no one can cavil at them nor attempt to refute the truth of any of his statements. Every thinking person should realize the inherently valuable nature of the advice, and then, so order his or her household as to be considered a worthy unit in the independent sovereign republic of India.

Sri C.R.'s Address

Among the many things that confused a person like him who belonged to an older generation, Mr. Rajagopalachari said, was the holding of such All-India Conferences. It seemed to him that by such conferences, they were trying to make a very big country a small place of compressed size. They wished to have All-India Conferences for everything conceivable. He thought that the limit was reached when somebody proposed an All-India Children's Conference. He could not understand how all the children could be brought together or the few brought together could be made to represent the whole of India. Home Science was, again, a matter concerning every home, and they wished to have an All-India gathering to discuss principles of running homes which were different from one another and of infinite variety. So, he would congratulate the adventurous ladies and gentlemen who had organised the conference.

Asking the gathering to forgive his ignorance of the subject, he said that "now all culture, especially home culture, in India, has been raised about four feet from the old level". (*Laughter*) The old level was on the ground. They sat on the ground, ate on the ground, and taught on the ground. Now, they slept on a cot and dared not sleep on the ground. They ate from a table and sat on a chair. "In fact, we do everything four feet above ground level. (*Laughter*). That is the great difference between the old culture in which I was born and the present culture for which you are preparing through Home Science classes in secondary schools and colleges". Saying that he was not joking but only expressing "a universally applicable truth", Mr. Rajagopalachari observed that to-day even the fire-place was four feet above ground and they cooked either standing or sitting on a chair. (*renewed laughter*). "Do not go away with the impression that I do not like change. I like change. But let us not imagine that we have lifted the whole of India by four feet. We have raised only a few families to this extent. The older home science was practised entirely on the floor and it would be some time before you can fit the new science into it."

Science of family happiness

Nobody would imagine that Home Science was "taught", simply because one learnt laundry work or some cooking, he said. Home Science was a much bigger thing. "It is the science of family happiness. It includes quite a number of subjects." Good cooking good house-keeping, and things like that by themselves would not make a family happy. "You must learn how to marry and live a married life. That is true Home Science. Home is made by married people and children and the science deals with that subject. Please remember that Home Science is not preparation for a profession or a trade ; but it is preparation for marriage." (*Laughter*). They might imagine that he had said something funny or

the laughter might be the natural reaction to the mention of marriage. *I am telling the plain truth here. Home Science is conceived for helping young people to live a good married life and make the home happy.*"

Pointing out that training in courses like this was utilized by people to become teachers in such courses, Rajaji observed that, in this manner, "most of their attempts in this world got amputated". They prepared a number of young people to serve as teachers in the very process *without getting to the end* of the training, namely getting homes filled with mothers who knew how to make a home happy, Rajaji said that what he wanted was that *the aim of the Home Science curriculum* whether in the secondary school or in the college should be *to deal with the science of happiness in the home* and education should end in "*a practical application of what they learn to the homes to which they go.*"

The first thing a girl should learn, was how to make her husband happy and her children happy. Most college girls easily lost their temper The loss of temper was due to strain—the strain of too much study for the purpose of passing examinations. He would warn young girls that "married life will involve greater strain, more even than the examination-life, you are going through. You must know how to control your temper and how to speak the truth When speaking the truth to one you love and for whose feelings you care, *truth must be soaked in affection.*

Mr. Rajagopalachari pointed out how strain made husbands lose temper when speaking to their wives and wives when speaking to their husbands, and said that the marital loyalty preached to them would enable husbands to bear with the temper of their wives and *vice versa,* but would not make for happiness or positively for joy in the family. They might be able to iron clothes especially when they were provided with a four-feet high table. But it was difficult to iron out the wrinkles on the husband's face. For that, they required an attitude of piety and self-control. All this was Home Science. These were aspects of the science which were difficult to teach. That was why he said that Home Science supplemented in certain respects what they had to learn generally. They had to learn self-control, kindness, affection and very many other things from literature and poetry. Thus what they learnt as Home Science was not the whole of Home Science. A truly scientifically trained young man would learn to work with very little apparatus or sometimes with no apparatus. Similarly, the Home Science must be capable of being practised without electrical switches and tables. "You must know how to get down from the fourth potential to a lower potential", Rajaji concluded.

Without meaning any offence to the numerous young women who have had a collegiate education. I may say that, many of them come to feel an unduly exaggerated importance of their educational attainments, even to the extent in some cases, of exhibiting an over-bearing superciliousness in their relations with the husband and his parents; many are found to be bad cooks, poor mothers and indifferent wives, without sympathy or understanding and hence not deserving of sympathy and considerate treatment This unfortunate result of collegiate education needs early correction by all concerned.

The Cockroach Can Transmit Disease to Man

In addition to its other objectionable qualities, the cockroach has been found to be able to carry the virus of Coxsackie disease, which is a new disease, recognized during the last few years. It is often mistaken for a mild, non-paralysis-producing form of poliomyelitis.—(*Good Health,* 86: 11, 1951).

Is Every Sick Man a Villain?

PERSONS, who are not too old yet, will remember the days, when a young physician starting in practice, had to face several obstacles and struggle hard to earn his living. This is however, no longer the case. Advances in medicine have lately been so vast and so rapid that the public have begun to feel that the doctor who has recently passed out of college and served a term of house physiciancy in a hospital, will be more up-to-date and conversant with the modern procedures than even his older and more experienced *confrere.* "Experience tells less and modernity more" said Sir John Parkinson an eminent physician of London, in a talk before the American College of Physicians in St. Louis, some time ago. He pointed out that many patients placed all the responsibility on the doctor and were loath to accept any moderation on his part. "The low estimate placed on health, until sickness appeared," is indeed astonishing.

Dr. Samuel Johnson once said "Every sick man is a villain". Sir John Parkinson would not however, subscribe to this view. He has been really impressed with the courage of his charges and their fortitude under pain caused by the illness. "Many patients" said Sir John "have told me that they did not disturb or send for the doctor at nights even when needed, because they knew the doctor was overworked. Other physicians have told me about considerateness of their charges.".

A glowing tribute is paid to the doctor's profession as a whole, by a woman character in Dicken's novel. "The Bleak House". She is the wife of a doctor and says "I never walk out with my husband, but I hear people bless him ......I never lie down at night but I know that in the course of the day he has alleviated pain and soothed some fellow creature in the time of need".—(*Annals of Internal Medicine,* 35 : 307 : and *Good Health,* 1952).

Striving Towards Better Methods

Prof. John Davey's definition of a good man is a man who is constantly getting better. This is particularly applicable to the definition of a good doctor, namely one who is constantly getting better. Medicine itself is improving by the day, and woe betide the doctor who stands still, because medicine is moving so fast that he is soon left behind. You have got to keep swimming or you will sink. The great trouble with the devotees of cults in the healing art is that they profess to have found the true and only way to heal the sick. They are shackled by their creeds, and stagnate in fundamentalist doctrines, whereas regular medicine, dissatisfied with its limitations, is constantly striving toward better methods of preventing sickness and healing the sick.—(*The Diplomate,* Feb. 1952).

The Importance and Value of Rests

HELEN EDWARDS, R.G.N.

IN the stress and strain, hurry and bustle of everyday life some of us mar the beauty, the harmony, the rhythm of our lives by ignoring the rests. Consequently physical, mental, and spiritual health suffer.

"There is no music in a rest...... but there is the making of music in it," wrote Ruskin. How true! There are no sweet notes in music's rests, but they are just as important and as necessary as the notes in producing melodious effects. The harmony and pleasing effects of the grandest music can easily be spoiled by a careless singer or player who omits the rests, or who fills them up to suit himself.

In life, too, rests occur in certain places, in necessary places. If these are omitted or filled up in any way, the harmony and rhythm of life is also marred.

Some of us are inclined to think that we cannot be living worthily unless we are always on the move, always doing something, that every moment should be actively empolyed, and regard rests as wasted time.

It is quite true that we should be regularly occupied in performing our tasks, and it is also true that breaks and rests in wrong places do mar instead of beautifying our lives.

There are rests, however, where they should be, which beautify and add completeness and harmony to our lives. Indeed, life is strewn with such rests and resting places, the most evident being night. How broken and marred the rhythm and music of life would be without sleep!

Then there are the pauses, the rests after hours of toil, in the quietness and fellowship of home life, at our own firesides—daily rests without which discords will assuredly spoil the harmony of our lives. Discordant notes jar and hurt.

"Six days shalt thou labour," but the seventh—a pause, another rest on life's music score–the Sabbath, the ignoring of which, the crowding of this day of rest with frivolity and labour, introduces discordant notes which entirely spoil "the melody of the week." Sabbath has appropriately been described as a "stile between the fields of toil." Yes, indeed, a place where we can halt, sit down, think, or pray—where we can remember and worship our Creator.

There are rests, too, when we meet and have intercourse with our friends, and delightful pauses for fellowship, pleasure, and amusement at other times.

Sometimes in our busy lives unexpected rests cross the score, and we must pause or spoil the music. Sickness or accident sometimes compels us to lie down. The bearing of sickness patiently and trustfully is a passive duty, and as important and sacred as the activity of health.

During even the longest rests on the music-score, the musician, with unerring count, beats time and smoothly catches up the next note and the melody and rhythm go on. So may we, if we rest aright,

pick up the next notes and continue in harmony after the longest rests.

A bed of sickness, for instance, may indeed be "green pastures" from which we rise refreshed, healed, restored, and life's music fuller, richer, sweeter, and more effective after the longer rest. The music of our lives is written by the "Higher Hand."

When life is hard and we would fain pause for a little but think we cannot, rest of spirit may be ours if we remember these words, written by someone of wisdom and understanding:

"When spurred by tasks unceasing or undone,
You would seek rest afar
And cannot, though repose be rightly won,
Rest where you are.
"Neglect the needless, sanctify the rest,
Move without stress or jar,
With quiet of spirit, self-possessed,
Rest where you are."

—From *Good Health*, London, Sep. 1952.

What are Radio-active Isotopes?

(E. S. THOMSON)

THE radio-active isotope is a marvellous but mysterious by-product of atomic energy experiments, useful in medicine and industry. Britain is finding good markets for these substances both at home and overseas. The fifth anniversary celebrations of the Atomic Energy Research Establishment at Harwell in Berkshire, England, brought the isotopes into greater prominence and publicity. Sir John Cockroft, the Director of this establishment has considered it fit and proper to let the public into some of the secrets of these mysterious-looking hangars on the Berkshire hills. We have now learnt that these isotopes which are so useful in medicine and industry are only a "side-line" in Harwell's all-important task of harnessing nuclear energy to the service of mankind.

The fission of one pound of uranium 235, would release as much energy as the burning of 1000 tons of coal; the problem is how to unleash this power economically in the form of steam or electricity. The nearest approach at the moment is a plan to use one of the experimental atomic piles (BEPO) for laboratory heating. The radio-active isotopes are however, a great blessing to medicine and industry. The atomic piles produce these isotopes in their stride, by submitting atoms of different elements to neutron bombardment. The activated isotopes are collected in aluminium canisters, by persons standing behind safety screens at great distances.

The medical uses of these isotopes are the most spectacular. When a patient drinks a solution of radio-active iodine, the isotopes are traced as they flow through his body into the thyroid gland. The shape of the gland can be ascertained and diseased tissue located. The pumping action of the heart can be measured by similar means. Gold isotopes injected into a tumour can irradiate it from within. Radio-active isotopes have very many uses in various industries; they can measure snowfall, and the action of cosmetics on womens' faces.—(Abstracts from *B.I.S.*, Bulletin of 21-7-'52).

Cheerfulness Retards Cancer

A STRIKING addition to the growing literature about the effect of emotional states on physical ailments relates to cancer. Tests are reported showing that even the progress of this dread disease may be influenced by mental tension or relaxation. The investigator is Dr. Philip M. West, of the University of California, at Los Angeles, in collaboration with other physicians. His paper was presented at the meeting of the American Association for Cancer Research in New York. The study was made at the Veterans Administration Hospital in Long Beach, California. It revealed, with a correlation of accuracy of eighty-eight per cent, that patients who were unable to find relief from inner tension suffered a rapid advance in the disease. Those of the happy-go-lucky sort who could give vent to conflicts that disturbed them, lived much longer. In the one condition, death might come in a few weeks. In the other, it might be delayed for several years. Psychological tests were able to predict with great success as to whether the course of the cancer would be slow or fast. These results have been corroborated by animal experimentation in Japan and Holland. They indicate that psychiatric treatment may be useful in prolonging the lives of sufferers.

Dr. West suggests that this discovery may explain why various so-called cancer cures may temporarily arrest the progress of the malignancy. The patient is buoyed by hope and confidence but the effect may not last long.—(*Good Health,* U.S.A., Aug. 1952).

The Proper Rearing of Babies

A PÆDIATRICIAN has been a physician specializing in diseases of children. Now the definition is losing its value because ailments of babies and young children are yielding to the progress of medical science. Dr. F. Howell Wright, of the University of Chicago, says that in the clinics of that institution, cases of diarrhœa, congenital syphilis, diphtheria, rickets, scurvy, whooping cough or important degrees of malnutrition are rarely seen. This is because the patients come mainly from well-to-do, intelligent families. The situation is less favourable where income is lower but is also steadily improving. This does not mean, however, that the pædiatrician has to go into some other field. His job now is to take care of well-babies, advising parents about the behaviour and development of normal offspring.

About twenty years ago a fad arose of bringing up infants scientifically. Everything was done strictly according to rule. Food, times of feeding, sleep and disciplinary habits were subject to ironclad rules. Now it is recognized that there is a large difference between babies and that they require individual handling. Each one should be allowed to follow his

natural hunger and sleep rhythms. Not all babies grow at the same rate. Such variations are no cause for alarm, but the mother should not cater to the child's every whim. The pædiatrician of today advises the parent, but it is she upon whom the chief responsibility rests. Psychiatrists believe that the period of infancy is often crucial in determining the ultimate mental health of the individual. Thus mishandling or neglect on the part of parents may have a disastrous outcome in later years. —(*Good Health*, U.S.A., Aug. '52).

The Golden Age of Medicine

THE rapid advances made in scientific medicine and the extra-ordinary accumulation of knowledge in the present century were made possible largely owing to the fundamental discoveries of a few men during the latter half of the nineteenth century. Of these the most outstanding was unquestionably Louis Pasteur......He pointed the way not only to the causation but also to the prevention and treatment of the microbic diseases. He discovered and applied the principles of active immunization by using attenuated cultures........Lister revolutionised the practice of surgery........Then came Koch, who with Pasteur was the co-founder of modern bacteriology.......Ehrlich introduced new methods of staining blood smears and laid the foundations of modern hæmatology. He was also the first to set out to produce synthetically a drug for a specific purpose and thus established chemotherapy......Takaki proved the dietetic origin of beri-beri and outlined measures which led to its eradication from the Japanese navy. Shortly afterwards Eijkmann produced beri-beri experimentally in fowls, thus proving beyond all question the importance of accessory food factors. Von Behring in 1890 discovered antitoxins and the principle of passive immunization. Rœntgen in 1893 discovered X-rays.......In 1896 Ross proved that the anopheles mosquito was the vector of malarial parasite and devised methods for the effective prevention of malaria and in the same year Sir Almroth Wright and his co-workers introduced anti-typhoid inoculation.......At the close of the century in 1898 the Curies isolated radium. It is apparent therefore, that although the treatment of disease at the beginning of the century was largely based on empiricism, the original and brilliant discoveries, the further development of which was responsible for the rapid advances in the twentieth century had already been made.......The present century grasped this rich heritage with both hands, and proved itself not unworthy of the gifts it had received.—(From the *Med. Jour. Australia*, 22-9-1952).

People are lonely because they build walls instead of bridges.—(*Joseph Newton*).

THE INDICATIONS FOR TONSIL OPERATION IN CHILDREN

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S. E. BIRDSALL, F.R.C.S.,
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THE operation of tonsillectomy and removal of adenoids in children has become so common that there is a danger of its becoming a routine procedure, in which sound surgical principles are sacrificed to expediency. The operation should be performed only after careful consideration of the history and of the physical conditions found on examination, and after evaluation of the indications and contra-indications in each case.

Before advising removal of the tonsils and adenoids, it is important to know what conditions will be relieved by the operation, as it is often advocated for symptoms which are not likely to be affected at all.

The first and foremost condition for which operation is indicated is chronic tonsillitis. By this we mean a permanent state of chronic infection in which exacerbations occur, the tonsillitis being latent during the intervening periods. Such a child is under the handicap of frequently recurring invalidism, which adversely affects both his physical development and his mental progress, especially after school age. Operation in this type of case is of great benefit, and it is very common to hear that the child makes great progress almost from the very day of the operation. It is therefore instructive to consider in detail, the diagnosis of chronic tonsillitis, because this is the main condition for which operation is indicated and is followed by benefit (Micheal, Berg).

History

The typical history is one of recurrent sore throats, or, in very young children, difficulty in eating or swallowing, accompanied by fever and distaste for food. Earache and deafness may occur towards the end of an attack, the illness lasting for three or four days. During the attack there will be enlargement of the glands of the neck. In a small proportion of cases the swelling and pain will be greater on one side, and in a very few cases there may be peritonsillar abscess. The acute stage lasts but a few days, and treatment by salicylates or aspirin is probably superior to the use of sulphonamides or of penicillin, which appear to have little or no effect in uncomplicated cases and may have a deleterious effect. It is very commonly found that in the intervals between acute attacks the child is listless, lacks appetite, and has some degree of nasal obstruction depending on the amount of adenoid enlargement. Transient earache and deafness are very commonly due to adenoid enlargement, and in a great number of cases it will be found that nasal obstruction has been present from birth or from very early infancy

Physical Examination

In the typical case the tonsils are found to be enlarged and scarred. It is essential to re-examine the throat after the acute symptoms have disappeared. A chronically infected tonsils shows typical scarring. The scar is undermined and a bent probe can always be passed beneath its edge. The cervical glands are probably enlarged, but it must be remembered that in a thin child the fact that glands are palpable is not evidence of disease.

The adenoids when enlarged are usually readily observed; it is quite unnecessary to subject a child to the frightening experience of digital examination. The larger the adenoid mass, the more readily is it observed in the mirror, and it can often be directly inspected by elevating the soft palate with a probe. Examination of the ears will often reveal redness, dullness, and retraction of the tympanic membranes, if the adenoids are enlarged.

In a case with a history and with physical signs such as those above described, tonsillectomy and removal of the adenoids

are strongly indicated and a favourable result can confidently be predicted. As the operation is frequently advocated and performed on less defensible grounds, it will be useful to consider other conditions and their differential diagnosis.

Frequent Colds

There is no evidence that tonsillectomy confers any protection whatever against the common cold, and the fact that tonsillitis frequently occurs as part of the disease should not lead to tonsillectomy as it too frequently does (Berg). When the child has nasal discharge the nose should be examined. In a large series of cases of chronic sinusitis in children, complaining of nasal discharge, sore throats, cough, and other symptoms, about one-half had been subjected to tonsillectomy previously without benefit.

Cough

Cough is a common symptom of the upper respiratory tract infections of children. The presence of enlarged tonsils alone will not produce a cough, and a chronic cough is not an indication for tonsillectomy.

Recurrent Sore Throats

It should never be assumed that sore throats are due to tonsillitis. A careful examination may reveal the cause, which may be in the sinuses or in the teeth. Dental sepsis is very common at the age when the deciduous teeth are carious and loose.

Recurrent tonsillitis may be due to close contact with infected persons such as mothers, nannies, or other children and when two or more children in a family suffer from repeated tonsillitis it is often found that the attack always starts in the same child, after which the other children become infected and possibly even the father also. If tonsillectomy be performed on the chronic carrier it will often be found that the rest of the family remain free of attacks.

Asthma and Bronchitis

Tonsillectomy is often advised in children suffering from asthma and bronchitis There is no evidence that the operation confers any benefit in these cases. It is well known that asthma often disappears on the patient's admission to hospital and also after the administration of an anæsthetic, so it should not be assumed that a temporary cessation of attacks after tonsillectomy is attributable to the operation.

Enuresis (Bed-wetting)

There is no evidence that removal of the tonsils and adenoids has any effect in this condition and it is difficult to understand on what principles the operation has been advocated. Parents should be warned that although tonsillectomy may be advisable on other grounds, it will not have any favourable effect on the enuresis.

Rheumatism

It is doubtful whether or not tonsillectomy is of value in cases of rheumatic fever in children (Michael). If there be definite evidence of chronic tonsillitis both from the history and from physical examination, tonsillectomy should be done.

Tuberculosis

Tuberculosis of the tonsils takes two main forms. There may be manifest clinical tuberculosis with visible tubercles and ulcers which may occur on the faucial, pharyngeal, and lingual tonsils, associated with active pulmonary disease. This is comparatively rare in childhood, and the question of tonsillectomy does not arise. The more usual form in children is not clinically manifest but is demonstrable by histological study.

In cases where the cervical glands are involved it is often wise to perform tonsillectomy even if there be no visible signs of disease, as the tonsil is a likely portal of entry and active tuberculosis may be present in the depths of a crypt.

Cervical Adenitis

Although persistent enlargement of the upper deep cervical group of lymph glands may be due to chronic tonsillitis, it is not justifiable to perform tonsillectomy if the tonsils appear healthy.—(*The Medical Press*, 11-6-'52).

You traverse the world in search of happiness which is within the reach of everyman. A contented mind confers it.—(*Horace*).

New T.B. Drug Not a 'Miracle Cure'

ISONICOTINIC Acid Hydrazide, the new tuberculosis drug, is an "improvement on previous drugs, but far from being the miracle cure which some people had hoped it to be."

This view was expressed in New Delhi on Saturday 20-9-'52 by Dr. P. V. Benjamin, Tuberculosis Adviser to the Central Government and Technical Adviser to the Tuberculosis Association of India. Dr. Benjamin recently returned from a tour of the USA, Britain and Canada where he studied the findings of experiments on the drug in many research centres and medical institutions.

"Scientific men," Dr. Benjamin said, "had realized that some of the claims made earlier on behalf of the drug were not true and that Isonicotinic Acid was "not even a complete cure."

The drug had, however, opened new avenues of research and already in certain countries men were working on its derivatives in search of a better cure for tuberculosis.

"Among other things, medical men" he said, "had now found that like streptomycin the administration of Isonicotinic Acid also led to the development of resistance by germs, perhaps much earlier. It had been claimed that it did not give rise to resistance. This is not true. Its use therefore, must be carefully regulated and allowed only under the guidance of an expert physician."

No complete cure

Explaining how the drug was not a complete cure, Dr Benjamin said that its use resulted in a *certain* degree of improvement in the patient, but after that it stopped. The patient was not wholly cured. Again, despite its use, proper rest, food and environments continued to be an important factor in the treatment of a tubercular patient.

"Isonicotinic Acid," he added, "was useful for certain types of cases. Its use in some hopeless cases had prolonged the life of patients and improved their condition to such an extent that other treatments—even surgical operations—could be tried on them."

The most important feature of the new drug, he said, was that it produced quick results. Within a month of its use, patients were found to increase their weight and their temperature fell. With previous drugs, he said, it took months to achieve this. Another advantage was that it was taken orally and not injected. The drug was also cheaper.

Dr. Benjamin recently represented India at the Commonwealth Conference on Tuberculosis in London and the International Congress on Tuberculosis at Rio de Janeiro.—(*Sunday Statesman*, 21-9-'52).

News and Notes

Successful WHO campaign against syphilis in Himalayan foothills

A WORLD Health Organisation demonstration of modern syphilis treatment in the foothills of the Himalayas has indicated that, despite primitive conditions, "it is possible to control venereal disease successfully" in an under-developed area, "keeping within the financial and medical resources of the country, and without offending the susceptibilities of the population".

The team arrived in Simla, Himachal Pradesh province of India, in May 1949 to aid in a VD control campaign organised by health services of the province. In one of the villages of this district, the team found, three-fourths of the families were affected by syphilis.

After informing the inhabitants, the WHO team "succeeded in examining and treating nearly everyone," the publication reports. It was impossible to examine young babies or to take blood samples from children under five years, however, because their families refused permission.

After treating syphilis patients with single injections of a penicillin preparation, the team returned twice at

six-months' intervals to check results. Although many of the inhabitants would not agree to new blood tests, the team found that the campaign had lessened infection in the district.

"Some idea of the results may be gained from the fact that the head of the dispensary in the region declared that he had seen only about 12 new cases of syphilis in the past 12 months as against 66 in the six months preceding the treatment," the WHO article states.

From their experiences the team concluded that "large groups of people may be assembled and successfully treated even in isolated and under-developed rural areas. .. A team consisting of one or two clinicians, one serologist, one nurse, one laboratory technician and one clerk can examine and treat up to 350 persons a day—provided they have the support of the local authorities".

Besides testing and treating the local population, the WHO team set up training courses in modern methods of diagnosis and treatment for physicians, nurses and laboratory workers. "Within the first 17 months, 29 persons had completed their training, and some had already begun to introduce the new methods in at least seven hospitals and clinics of the country".—(*WHO Press Release*, 10-10-'52).

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Pioneer work in leprosy treatment

MEMBERS of the "Friends of Vellore" organisation at their annual reunion in London on Wednesday, October 8, 1952, heard something of the pioneer work in leprosy treatment which is taking place at the Vellore Christian Medical College in South India. The speaker was Dr. Paul Brand, Orthopædic surgeon at Vellore, who has been specialising in the treatment of limbs crippled by leprosy.

The work undertaken in this field at Vellore is based on the realisation that a large part of the distress of leprosy patients is caused more by the deformities and paralysis resulting from the disease than by the disease itself, and is directed to correcting these deformities and overcoming the effects of paralysis.

Dr. Brand said that it was a great joy to see the progress that had been made. They aimed, he said, not only at restoring a patient to physical activity but also to seeing that a complete human soul was restored, with hope and faith in a better life.

Speaking of the work at the medical college generally, Dr. Brand said: "We should not allow ourselves to be overwhelmed by the size of the task, by the great number of people to be treated. We must not lose sight of each patient as an individual".

During the meeting Dr. Brand's new colour film "New Life Through New Hands" depicting the original surgery he has been developing in the treatment of hands crippled by leprosy, was shown. Dr. Brand has been honoured by being made a Hunterian Professor and will deliver his Hunterian Lecture to the Royal College of Surgeons next month.—(*B I.S Bulletin*, 10-10-'52).

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Rashtrabhasha Sahitya Sammelan, Nagpur (M.P.)

All settlers and those who wish to establish a centre are hereby informed that the ensuing examination of Rashtrabhasha Sahitya Sammelan, Nagpur, will be held in December 1952.

Centres will be opened at such places where there is a post office and at least 8 candidates will appear for the examination.

The latest dates for application from the settlers and from examinees, are 10th Nov. 1952 and 30th Nov. 1952 respectively.

Forms and prospectus can be obtained free of charge from:—The Registrar, Rashtrabhasha Sahitya Sammelan, Nagpur 4, Bezenbag.

The sense of existence is the greatest happiness; deprived of every worldly advantage which is supposed to be necessary to our felicity, life provided a man be not immured in a dungeon, must nevertheless be inexpressibly delightful.—(*Benjamin Dissaeli*).

Medical and Health Topics from Periodicals

New technique in heart operation

University of Minnesota doctors successfully operated on the heart of a five-year-old girl by dropping her body temperature down to 79 degrees Fahrenheit to stop, temporarily, the flow of blood. The doctors believe it is the first time refrigeration has been used in cardiac surgery and "may be the answer to our search for a method to work inside a bloodless heart." The girl had been near death with an enlarged heart.—*Daily Press*.

Medical work in India

Appeal over B.B.C—Dr. Paul Brand, who for the last six years has been training doctors for medical work in India and Pakistan, appealed to day in the Home Service of the B.B.C. on behalf of this work. British Missionary Societies help to support about 150 such hospitals and provide 320 British doctors and nurses. In one such hospital alone over 100,000 people have, during the past 50 years, had their eyesight restored through successsful operations for cataract.

Prior to this appeal, the Rev. George Appleton, of the Conference of British Missionary Socities, discussed with medical workers from India and Pakistan about the Church's contribution to health and healing in their countries. —*The Mail*.

The convict who studied law

15 Unnecessary years in prison:—James Carroll, 57-year-old convict who was sentenced to life imprisonment in 1927 for stealing a car, has been released on the order of a New York court.

Carroll's case was re-opened after he had decided to study the law as a hobby while in gaol

He discovered that two convictions recorded against him before the crime for which he got the life sentence should never have been registered.

This meant that the court which took such a serious view of his offence gave him a heavy sentence on the strength of an incorrect criminal record.

Carroll forced a review of the case and the term was reduced to ten years.

The latest ruling means that he has spent 15 unnecessary years in prison.—*The Mail*.

Deft Definitions

Baby:—Something that gets you down in the day time and up at night.

Tourists:—People who travel thousands of miles to get a picture of themselves standing by a car.

Alimony:—The high cost of leaving.

Riding:—The art of keeping a horse between yourself and the ground.

Comedian:—A guy who spends his time trying to pull the fire out of the chestnuts.

Hope:—The difference between your monthly bills and your salary.

Fanatic:—One who can't change his opinion and won't change the subject.

Diplomat:—An individual who attempts to settle troubles caused by other diplomats.

Perfect guest:—One makes his host feel at home.

Panic:—The second time you discover you can't do something for the first time.

Gentleman:—A 'wolf' with patience.

Punctuality:—Wasting time waiting for other people.

Sadist:—An individual who is kind to a masochist.

Darling:—A popular form of address used in speaking to a person of the opposite sex whose name you cannot at the moment recall.

Apology:—Unsaying something in such a way as to leave nothing unsaid.

Pessimist:—One who feels bad when he feels good for fear he will feel worse when he feels better.

Elaquence:—The capacity to describe a cinema star without using one's hands.

Admiration:—Our polite recognition of another's resemblance to ourselves.—*(I. W. of I)*.

From the *Milwaukee Medical Times*, April 1952:

"Now, Charles," said the teacher, "if your father can do a piece of work in one hour, and your mother can do it in one hour, how long would it take both of them to do it?"

"Three hours," answered Charles, "counting the time they would waste in arguing."

* * *

From the *Milwaukee Medical Times*, April, 1952:

The minister had just finished conducting the funeral services of a good woman and was consoling the bereaved husband.

"You have lost your wife," the pastor said. "But there is one who loves you and will watch over you until your sorrow is but a sweet memory."

"Do I know her?" asked the widower, as he dried his tears.

* * *

"Remember, there's nothing in the world that's impossible to accomplish."

Inevitable voice in the rear:

"Ever try to push tooth paste back in the tube?"

* * *

Customer: "I want them comfortable, but I also want them smart and good looking."

Shoe Salesman: "I know what you mean— large inside and small outside."

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From *The Bulletin—Hypos and Hypers*:

The only drawback to being known as a good sport is you have to lose to prove it.

* * *

From the *Potter Country Medical Society Bulletin*:

He who keeps his mind on his work, goes ahead; he who keeps his work on his mind goes nuts.—*J.A.M.A.*

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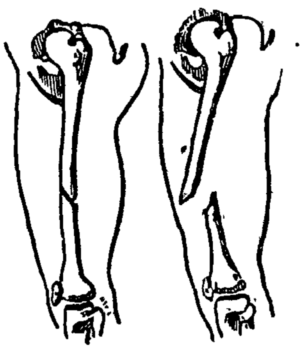
Burns,
Wounds,
Bites,
Snake-Bite,
Bruises,
Strains and Rupture of Muscles,
Poisoning,
Insensibility,
etc., etc.

CHAPTER IV

FRACTURES

BONES are hard, but brittle, and break like glass, or porcelain, by outward force (blow, fall, jump, etc.). When a bone is broken, it is called a *fracture*. Fractures are caused either by (1) external violence, or (2) by muscular action. *The external violence* is said to be *direct* when the break is at the spot where the violence



is applied *e.g.*, a cart wheel passing over a leg, or *indirect* in which case the fracture occurs at a distance from the seat of injury, *e.g.*, a fall on the elbow sometimes causes·

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